

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 14 Pages

CLAIMANT'S NAME George Valverde		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Executive	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 2415 First Avenue		TELEPHONE NUMBER 916-657-6940	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95818

(1) MONTH/YEAR 04/2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
2	0722 0842	Sacramento						SC	6.00				6.00	
	1015	Burbank/Torrance	122.25		10.00	18.00		SC a					150.25	
3	1928	Torrance to Sacramento via Los Angeles		6.00		18.00	6.00	a SC	30.00				60.00	
7	1545	San Francisco	161.95			18.00		SC	4.00				183.95	
8	1500	San Francisco to Sacramento via Vallejo, Fairfield, Davis			10.00			SC	4.00				14.00	
15	1358 1715	Sacramento						SC	17.50				17.50	
(10) SUBTOTALS			284.20	6.00	20.00	54.00	6.00		61.50				431.70	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 431.70

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Met with State Chief Information Officer; accepted invitation to speak at the 15th annual forum of the Japan Business Association of Southern California. The speech incorporated an overview of the DMV, driver license, driver safety, and vehicle registration issues. Accepted an invitation to participate in the California Office of Traffic Safety Summit 2009. The presentation covered a range of DMV achievements, issues and initiatives. Met with various DMV field office staff to discuss current issues impacting the DMV, including but not limited to furloughs, ratification of union agreements, and projects currently in process.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE